

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Jasper, John P.)
)
Serial No.: 09/349,380)
)
Filed: July 9, 1999) Group Art Unit: 1743
) Examiner: Siefke, Samuel P.
Title: A STABLE ISOTOPIC)
IDENTIFICATION AND)
METHOD FOR IDENTIFYING)
PRODUCTS BY ISOTOPIC)
CONCENTRATION)
)

AMENDMENT UNDER RULE 116

Mail Stop Amendment
Commissioner for Patents
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Alexandria, VA 22313-1450

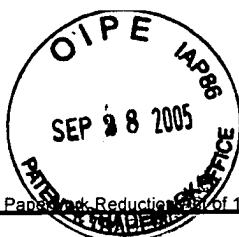
Sir:

This Amendment is in response to the Office Action dated May 4, 2005 and the Notice of Non Compliant Amendment (37 CFR 1.121) dated September 20, 2005. Please amend the application as follows:

I hereby certify that this correspondence is being faxed and deposited with the United States Postal Service as first class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria VA 22313-1450 on September 26, 2005.

Michael Burk
Signature

9-26-05
Date of Signature



AF
JFW

PTO/SB/21 (09-04)
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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission 39

Application Number	09/349,380
Filing Date	07/09/1999
First Named Inventor	Jasper, John P.
Art Unit	1743
Examiner Name	Siefke, Samuel P.
Attorney Docket Number	JASJ-1

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name Krieg DeVault Lundy LLP

Signature

Printed name David A. Lundy

Date 09/26/2005

Reg. No. 22,162

CERTIFICATE OF TRANSMISSION/MAILING

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Date 09/26/2005

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